

Death Record

HAMILTON COUNTY CORONER'S OFFICE
Cincinnati, Ohio

C. I. NUMBER 1

Number 122981 Reported by Sergeant Geers
 Time reported 10:15 AM Agency Blue Ash Police Department
 Date reported 9/3/94 Reported to Joyce A. Mitchell - FPC

Name NATHAN, RHODA Age 67 Years Birth Date [REDACTED]
 Address 1637 Wisteria Court, Tom Rivers, New Jersey 08753
 Occupation Buyer SS number [REDACTED]
 Marital Status Widowed Sex Female Race White
 Medical care _____
 At or by _____

Found dead at _____
 Injured at Embassy Suites Hotel, 4554 Lake Forest Drive, Room #237, Cincinnati, Ohio 45242
 Time unknown Date 9/3/94

Investigated by Blue Ash Police Department
 Next of kin notified by Blue Ash Police Department Date 9/3/94
 Pronounced dead by Dr. David Bashover Date 9/3/94
Emergency Room at Bethesda North Hospital Time 9:09 AM
 Postmortem examination Coroner H-377-94

Postmortem examination by John E. Gerber MD
 Body viewed by _____ Date 9/3/94
 Disposition of body Buried

Location Beth El Cemetery, Township of Washington, New Jersey Date 9/7/94
 Funeral Director Weil Funeral Home, 3901 Reading Road, Cincinnati, Ohio 45229

IMMEDIATE CAUSE OF DEATH

Due to(A) Multiple bodily traumataDue to(B) Blunt impacts to head and trunkDue to(C) Homicide

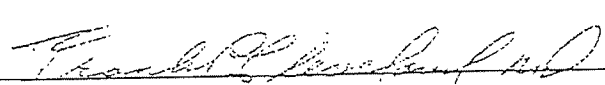
Due to(I) _____

Due to(I) _____

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH1 hour

Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in Part (A).

E-960.0

Manner of Death: Homicide

 Coroner of Hamilton County, Ohio

County Board of Health-9/21/94 ash

DEATH RECORD NO. 122981

H-377-94

PATHOLOGIC DIAGNOSES
OF THE BODY OF
RHODA NATHAN

1. Blunt force injuries to head and neck:
 - a) multiple contusions, lacerations and abrasions
 - b) subgaleal and subarachnoid hemorrhage
 - c) contusion of left inferior frontal lobe
 - d) left orbital fracture
 - e) fractures of mandible
 - f) fractures of hyoid bone.
2. Blunt force injuries to torso:
 - a) multiple contusions
 - b) bilateral fractures of ribs
 - c) laceration of left renal vein
 - d) hemoperitoneum
 - e) mesenteric hemorrhage.
3. Multiple contusions of extremities.
4. Cardiomegaly.
5. Atherosclerotic vascular disease:
 - a) major systemic vessels
 - b) coronary arteries
 - c) arterial nephrosclerosis.
6. Liver with mild fatty changes.
7. Multiple leiomyomata of uterus.
8. Bilateral tubo-ovarian adhesions.

OPINION:

It is my opinion that the cause of death of Rhoda Nathan is multiple bodily traumata.



John E. Gerber, M.D., Deputy Coroner, Pathologist
Hamilton County, Ohio

POSTMORTEM EXAMINATION
OF THE BODY OF
RHODA NATHAN

COPY NUMBER 1

A postmortem examination of the body of a white female identified as Rhoda Nathan is performed at the Hamilton County Morgue on September 3, 1994. The examination is conducted by John E. Gerber, M.D., and is begun at 1:00 p.m.

EXTERIOR OF THE BODY:

The body is received without clothes. The body is that of a 67-year-old white female who weighs 157 pounds and measures 61 inches in length. The body appears normally developed and the nutritional status reveals mild obesity. Rigor mortis is mild in the jaws and extremities. Livor mortis is posterior, purple and blanching in the back. The body is cool.

The hair is gray-brown at the roots but the shafts are tinted red. It is 9 inches long and normal in amount, distribution and texture. There are numerous bobby pins in the hair and they are saved for trace evidence and submitted to the Trace Evidence laboratory. The face is without hirsutism. The conjunctivae are clear, with petechial hemorrhages on the left, which will be described under injuries. The corneae are clear and the irides are brown. There is bilateral arcus senilis. The pupils are unremarkable. The ears, nose and mouth reveal no abnormalities except for injuries to be described below. Both earlobes are pierced. The teeth are natural and in good repair. There are injuries which will be described below. The neck is of normal configuration and there are no palpable masses.

The thorax is symmetrical and normal in configuration. The breasts are of normal configuration and there are no palpable masses. The abdomen is protuberant.

The back has a normal contour and the anus is without lesions. There is dark brown stool around the anus. The

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external genitalia are of normal conformation and there are no external lesions. There is no evidence of trauma.

The extremities appear normal and the joints are not deformed. All digits are present. There is pink polish on the fingernails of both hands, except for the index finger of the left hand. The nails are not damaged.

The skin is of normal pliability and texture and there are no significant lesions. There is a tan involving the arms, neck and legs in a bathing suit distribution.

IDENTIFYING MARKS AND SCARS:

There is a healed midline lower abdominal scar 3 1/2 inches long.

EVIDENCE OF MEDICAL THERAPY:

There is an endotracheal tube in the right side of the mouth to a level of 20 centimeters held in place by a white band of cloth. It is superior to the carina. There is an intravenous catheter in the extensor aspect of the left hand. In the antecubital space of the right arm there are electrocardiogram leads. There are also electrocardiogram leads on the right anterior arm and right and left legs. There is a needle puncture mark on the radial aspect of the right hand. There is also a needle puncture mark on the extensor aspect of the right hand with associated ecchymosis which measures 3/4 inch in greatest diameter. There is a needle mark in the left wrist region with associated ecchymosis. There is a needle mark on the extensor aspect of the left hand and a 3/4 inch ecchymosis of the left 5th finger over the joint.

EXTERNAL EVIDENCE OF INJURY:

HEAD

There is extensive swelling of the scalp located over the right parietal-temporal region in an area 7 1/2 inches by 7 1/2 inches.

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On the left side of the head in the frontal and parietal scalp area, there is marked swelling with an associated superficial abrasion forming a triangle and measuring 2 1/4 inches by 5 1/2 inches. Medial to the posterior aspect of this lesion are two parallel impression groove patterns each 2 inches long and separated by 1/2 inch.

There is a superficial abrasion-contusion on the right side of the head behind the ear which measures 1 1/2 inches by 2 inches. There is also a small 1/4 inch tear of the scalp just superior to the external right ear.

FACE

There is ecchymosis of both eyelids.

The right side of the face has a complex purple contusion pattern involving the thickened ear, the right side of the cheek, the eyelids (lower greater than upper), and the right side of the neck. This complex contusion is triangular and measures 6 by 4 inches. On the right side of the neck there is a contusion 1 1/2 by 1 1/2 inches.

There is a 1 inch laceration on the posterior portion of the external right ear.

On the left side of the face and neck there is a complex abrasion-contusion pattern which measures 5 inches by 5 inches. This injury includes a series of three transverse parallel lines which are 1/8 inch wide and spaced 1/2 inch apart. The longest is 4 1/2 inches and the shortest is 3 inches. There is a large contusion involving the left side of the cheek and the upper and lower eyelids with ecchymosis in an area 3 inches by 3 inches. The vertical marks in this lesion are separated by 1/4 inch to 1/2 inch and measure from 1 1/2 inches to 2 inches in length. The external ear has two lacerations on its lower portion. The

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lesion of the antitragus is 1/2 inch and the one on the antihelix is 1/4 inch.

There are petechial hemorrhages of the left conjunctiva.

On the left side of the chin there is a contusion 1 1/2 inches in greatest diameter.

MOUTH

The gingiva on the side of the left mandibular fracture contains a 1/2 inch laceration. There is also an associated contusion of the buccal mucosa which measures approximately 2 inches by 2 inches. On the right side there is also a buccal contusion 1 1/2 inches by 2 inches.

One tooth is missing in the upper jaw of the left side.
Between teeth #20 and #21 in the left lower jaw there is a
complete fracture of the mandible. On the anterior aspect of the right mandible there is also a fracture.

CHEST/TORSO

There is a large 6 by 6 inch complex contusion on the left side of the chest which involves the upper portion of the left breast. The right superior shoulder region near the neck contains a 1 1/2 by 2 1/2 inch contusion. There is a contusion and superficial abrasion on the right upper chest overlying the clavicle which is 2 inches by 3 inches. It overlies a larger contusion 5 inches by 3 1/2 inches. In the mid chest there are crescent-shaped reddened skin marks, superficial abrasions and punctate marks in an area 3 inches by 3 1/2 inches. To the right of center in line with the nipple there is a contusion 1 by 2 inches. There is a kidney-shaped contusion inferior to the xiphoid process that measures 3 inches by 8 inches. There is a 1 by 1/2 inch contusion in the right lower quadrant lateral to the umbilicus which measures 2 by 1 1/2 inches.

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There is a contusion-abrasion in the right inguinal region that measures 2 1/2 by 1 inch.

EXTREMITIES

On the posterior right forearm there are three contusions: one is 1/2 inch in diameter, the second is 1/2 inch by 1 inch, and the third is 1/2 inch by 3/4 inch.

On the lateral left arm is a contusion 3/4 inch in diameter. There is a superficial scratch/abrasion on the posterior aspect of the left arm near the elbow which is 1/2 inch.

On the anterior left thigh there is a 2 inch by 1 inch rectangular contusion.

On the right knee is a superficial abrasion 3/4 inch in greatest dimension.

INTERNAL EVIDENCE OF INJURY:

There is extensive bilateral and posterior subgaleal hemorrhage. There is also bilateral subarachnoid hemorrhage in the parietal region. There is a fracture of the left orbital plate. On the left inferior frontal lobe is a gray-brown contusion which measures 1/4 by 3/8 by 5/8 inch.

A contusion is on the right side of the tongue.

There are bilateral fractures of the hyoid bone.

Right rib 5 is fractured in the midclavicular line. Right ribs 1, 2, 3, and 4 are fractured in the axillary line. Right rib 1 is also fractured in the posterior midscapular line. Left ribs 1 through 4 are fractured in the midscapular to the axillary line. Left ribs 2, 5, 6, 7, and 8 are fractured in the midclavicular line. Posterior left rib 1 is fractured in the

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posterior midscapular line. Left ribs 2 and 3 are fractured in the axillary line. There is a 1/2 inch by 1 inch contusion of the right lung.

The left renal vein has been lacerated just to the left of the spinal column.

BODY CAVITIES:

The body is opened by means of the usual "Y" incision. The panniculus at the level of the umbilicus measures 4 centimeters thick. The breasts are without lesions. The viscera of the thoracic and abdominal cavities occupy their normal sites. The serous surfaces are smooth and glistening. There are 5 milliliters of bloody fluid in the right pleural space and 5 milliliters of bloody fluid in the left pleural space. There is hemorrhage of the mesentery at the site of the ligament of Treitz. There are a lot of blood clots in the abdominal cavity and not much liquid floating blood (about 50 milliliters). There are 10 milliliters of serous fluid in the pericardial sac. There are no abnormal masses present. The diaphragmatic leaves are normally situated. The margins of the liver and spleen are in proper relationships to their costal margins.

CARDIOVASCULAR SYSTEM:

The heart weighs 340 grams and is normal in configuration.

The coronary arteries have a normal anatomic distribution. The right coronary artery is occluded 10 to 20 percent by atheromatous plaque. The left main and left anterior descending also are occluded 10 to 20 percent with atheromatous plaque. The circumflex is very minimally involved with atheromatous plaque. There is no evidence of thrombosis.

The epicardium is smooth and glistening. It has a normal amount of subepicardial fat and its distribution is normal. The great vessels enter and leave the heart in a normal manner. The

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cardiac chambers have a normal configuration. The septa are intact, and there are no congenital abnormalities. The myocardium is of normal consistency and appearance. The left ventricle thickness is 1.4 centimeters. The thickness of the right ventricle is 0.3 centimeter. The heart valves are thin, pliable, delicate and free of deformity. The valve dimensions are as follows: pulmonic valve, 8 centimeters; tricuspid valve, 10 centimeters; mitral valve, 8.5 centimeters; and aortic valve, 7 centimeters.

The aorta and its principal branches are patent throughout. There are no thrombi, areas of erosion, or zones of significant narrowing present.

The injuries have been described above. The superior and inferior venae cavae and their major tributaries are patent throughout. No significant areas of extrinsic or intrinsic stenosis are present.

RESPIRATORY SYSTEM:

The right and left lungs weigh 400 and 250 grams respectively. The major bronchi have a normal caliber and are free of obstruction. The right bronchial tree contains aspirated blood and has a hyperemic bronchial tree. The right and left lungs have a normal lobar configuration and the visceral pleura is smooth and glistening with scattered anthracotic pigmentation. There are no subpleural emphysematous bullae. The pulmonary arteries are free of thromboemboli. The lungs are partially crepitant throughout. The parenchyma is pink to dark red and unremarkable.

HEPATOBIILIARY SYSTEM:

The liver weighs 1330 grams and has a smooth glistening capsule. The configuration is normal. Multiple cross sections reveal a normal lobular pattern. The parenchyma is dark brown and slightly congested.

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The gallbladder is normal in size and configuration. The wall is thin and the mucosa is bile-stained and contains 3 milliliters of bile. No calculi are present.

ENDOCRINE SYSTEM:

The pancreas is of firm consistency and normally lobulated. Multiple cross sections reveal a normal tan-pink parenchyma without intrinsic lesions.

There are no abnormalities present in the pituitary, thyroid or adrenal glands.

DIGESTIVE SYSTEM:

The injuries have been described above. The esophagus is free of lesions. The stomach has a normal configuration and the serosa is smooth and glistening. The wall is of normal thickness and the mucosa is thrown into tan rugal folds. There are no areas of ulceration. There are 30 milliliters of dark brown liquid with no food particles. However, the stomach contents include a tooth, which is submitted separately as trace evidence. There are no capsules, pills or tablets. The duodenum is bile-stained and free of ulceration or other intrinsic lesions. The remainder of the small bowel, the colon, and the rectum is normal in appearance. There is dark brown stool in the colon and rectum. The appendix is present at the base of the cecum and is unremarkable.

GENITOURINARY SYSTEM:

The injuries have been described above. The right and left kidneys weigh 110 and 105 grams respectively and are similar. The capsules strip with ease to reveal granular subcapsular surfaces. The renal arteries and veins are patent except for the left renal vein, which is lacerated. On section, the renal cortices are of normal thickness and the corticomedullary demarcations are distinct. The medullae are unremarkable. The pelvicalyceal systems are normal in appearance. The ureters are unremarkable.

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NUMBER /
The bladder is of normal configuration. The mucosa is intact and free of ulcerations or other lesions. It contains no urine.

The cervical os and cervical mucosa are unremarkable except for multiple Nabothian cysts. The endometrial cavity is of normal configuration and the endometrium is unremarkable. The myometrium contains multiple intramural leiomyomata. There are no parametrial lesions. The fallopian tubes are thin-walled, pliable and adherent to the ovaries. The ovaries are unremarkable. Adhesions are present between both tubes and ovaries. There are multiple intramural leiomyomata in the uterus measuring up to 3 centimeters in greatest dimension.

HEMATOPOIETIC SYSTEM:

The spleen weighs 110 grams and has a normal configuration. The capsule is blue-gray and smooth without areas of thickening. On section, the splenic pulp is of normal consistency and appearance.

No abnormal lymph nodes are encountered except for anthracotic ones in the pulmonary hilar region bilaterally.

The bone marrow is dark red and trabeculated, without lesions.

MUSCULOSKELETAL SYSTEM:

The injuries have been described above. There is kyphosis of the spinal column. The axial and appendicular skeleton shows no other abnormalities. The exposed musculature is unremarkable.

NECK:

The injuries have been described above. The neck organs are examined in situ and after being excised en bloc. The larynx and trachea have a normal caliber and are free of obstruction. The mucosa of the larynx and trachea is soft and pink-gray. The

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thyroid cartilage is intact and the paravertebral musculature is congested. The cervical spine is unremarkable.

HEAD AND CENTRAL NERVOUS SYSTEM:

The injuries have been described above. The head is opened with the usual biparietal incision. The dura is smooth and glistening. The convexities of the cerebral hemispheres are symmetrical. The leptomeninges are thin and transparent. The subarachnoid space contains hemorrhage.

The brain weighs 1070 grams. The cerebrum presents normal convolutions with no flattening of the gyri or deepening or widening of the sulci. There is no evidence of subfalcial, uncal or cerebellar tonsillar herniation present. The major cerebral arteries show no significant atherosclerosis and appear to be patent throughout. The roots of the cranial nerves are unremarkable. The brain is fixed and will be further described after fixation.

LATER BRAIN EXAMINATION AFTER FIXATION:

Serial cross sections through the brain stem and coronal sections through the cerebellum fail to show any gross lesions or abnormalities. The corpus callosum, internal capsule, thalamus, basal ganglia, and mamillary bodies are without lesions. The ventricular system is symmetrical and of normal size and configuration.

Serial cross sections through a small portion of the cervical spinal cord show no gross abnormalities.

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COPY NUMBER 1

MICROSCOPIC EXAMINATION:

Cardiovascular System

A section of right ventricle reveals no significant pathology. A section of left ventricle demonstrates myocardial cell hypertrophy. Sections of interatrial and interventricular septa from the region of the atrioventricular node and bundle of His reveal interstitial and myocardial fibrosis in both regions.

Respiratory System

A section of right lung reveals vascular congestion as well as pleural fibrosis. A section of left lung reveals acute alveolar hemorrhage and edema.

Hepatobiliary System

A section of liver reveals mild fatty changes in hepatocytes.

Endocrine System

Sections of pituitary, thyroid and adrenal glands reveal no significant pathology. A section of the pancreas demonstrates mild decompositional changes.

Digestive System

A section of tongue demonstrates acute hemorrhage in the skeletal muscle deep to the mucosa. Sections of esophagus and stomach reveal no significant pathology.

Genitourinary System

Sections of right and left kidney reveal mild arterial nephrosclerosis as well as focal, chronic inflammation. A section of bladder reveals no significant pathology. A section of lacerated left renal vein reveals perivascular acute hemorrhage.

Sections of right and left ovaries demonstrate parenchymal calcifications as well as multiple follicular cysts. One section of ovary demonstrates surface adhesions. A section of cervix demonstrates cervical squamous metaplasia with Nabothian cysts. A section of leiomyoma from the uterus demonstrates a sclerosing pattern.

A section of breast reveals acute hemorrhage in adipose tissue.

Hematopoietic System

Sections of spleen and lymph node reveal no significant pathology.

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Microscopic Examination, continued.

COPY - NEWER /

Musculoskeletal System

A section of skin from the left shoulder injury region demonstrates acute hemorrhage in the dermis and subcutaneous adipose tissue. Sections from the mid chest and abdominal skin contusion regions demonstrate acute hemorrhage deep in the subcutaneous adipose tissue. A section from the right inguinal skin region demonstrates acute hemorrhage deep in the subcutaneous adipose tissue.

Central Nervous System

A section of left inferior frontal cortex in the area of contusion demonstrates acute parenchymal hemorrhage. A section of right basal ganglia demonstrates acute parenchymal hemorrhage and subarachnoid hemorrhage. A section of right hippocampus reveals vascular congestion. A section of right cerebellum demonstrates subarachnoid hemorrhage. A section of medulla reveals no significant pathology.

LABORATORY EXAMINATIONS

The following analyses were ordered by me and were performed in the usual course of business according to established methods in the laboratory.

Toxicology:

A sample of serum received from the hospital is submitted for toxicology:

Gas Chromatography (GC) Results:

Hospital		
serum:	Ethyl alcohol	Negative

ADX Drug Screen Results:

Hospital		
serum:	Negative for:	Acetaminophen
		Amphetamines
		Barbiturates
		Benzodiazepines
		Cocaine metabolites
		Opiates
		Propoxyphene
		Salicylates
		Tricyclic antidepressants

Serology:

ELISA Procedure		
Blood:	HIV antibodies	Negative

Hepatitis		
Serum:	B surface antigen	Positive

Blood Type:	"O"
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